

Montgomery Cares Advisory Board

October 27, 2021 Meeting Notes

MCAB Members Present: Betsy Ballard, Kathy Deerkoski, Julia Doherty, Sarah Galbraith-Emami, Sharron Holquin, Lynda Honberg, Yuchi Huang, Peter Lowet, Diana Saladini, Dr. Langston Smith, Wayne Swann

MCAB Members Absent: Ashok Kapur

DHHS Staff: Dr. Tricia Boyce, Magda Brown, Tara Clemons, Robert Morrow, Dr. Christopher Rogers, Dr. Rolando Santiago, Rebecca Smith

County Council Staff: Linda McMillan

Primary Care Coalition: Elizabeth Arend, Rose Botchway, Sarah Frazell, Leslie Graham, Marisol Ortiz, Aisha Robinson, Hillery Tsumba

Guests: Alba Cogliandolo, Sonya Bruton (CCI), Mark Foraker, Helaine Resnick, Crystal Townsend (HIF)

Wayne Swann, called the meeting to order at 4:07 pm. Meeting held via video/teleconference during COVID-19 pandemic.

Item		Action Follow-up	Person Assigned	Due Date
1.	<p>Approval of Minutes –July 28, 2021 and September 22, 2021 Wayne Swann</p> <p>Minutes approved unanimously with Julia’s amendment to July’s meeting minutes regarding the incentives for value-based care</p> <p><i>Moved by Peter Lowet</i> <i>Seconded by Julia Doherty</i></p>			
2.	<p>Montgomery Cares Advisory Board Chair Report Wayne Swann</p> <p>Wayne highlighted the agenda and asked members to vote on whether the board should add a November meeting</p> <p><i>Motion to add a Meeting on Thursday November 18th from 5:00 pm to 6:30 pm to cover board development and policy priorities was approved unanimously</i></p> <p><i>Moved by Wayne Swann</i> <i>Seconded by Yuchi Huang</i></p>			

<p>3.</p>	<p>Health Care for the Uninsured Report See Report</p> <p style="text-align: right;">Christopher Rogers/Tara Clemons</p> <p><u>Programmatic Updates</u></p> <p>Montgomery Cares</p> <ul style="list-style-type: none"> ▪ Montgomery Cares served 7,488 patients through September 2021 with a total of 10,988 patient visits (in-patient and telehealth) at the ten participating clinics. A 12% reduction in patients and 20% reduction in encounters compared to the same time last year ▪ Sept 2021 - The split of encounters was 89% in-patient and 11% telehealth. ▪ The Council HHS committee will meet with the Chairs of the Boards, Commission and Committees on policy priorities for FY22 on Nov. 15th. <p>Care for Kids</p> <ul style="list-style-type: none"> ▪ Program enrollment through Sept 2021 is 5,813 which is a 1% increase over the same time last year. ▪ Numbers for <u>new patients</u> are significantly higher compared to the same time last year (369%). With OESS offices having in-person hours, families can get direct assistance from staff ▪ Newcomers project: CFK is focusing on the undocumented children coming to Montgomery County from Central America. We are working with DHHS partners, MCPS and non-profit partners on getting immediate access to health care and other needed services for children <p>Maternity Partnership</p> <ul style="list-style-type: none"> ▪ Program enrollment through September 2021 is 392 which is a 30% increase over the same time last year (301). ▪ We are exceeding pre-pandemic numbers for referrals coming into the program. It has been a challenge to accommodate all the women in our orientation classes due to necessary social distancing protocols. ▪ We are offering the COVID vaccine to the MPP patients when they come to orientation. So far, we have vaccinated approximately 175 women who are uninsured and pregnant. As time goes on we are finding less women who haven't received the vaccine by the time they come to our program. ▪ A group of evacuees from Afghanistan are temporarily residing in Montgomery County. We may need to support some with the Maternity Partnership Program as they wait for their cases to be processed. They will ultimately have Medicaid, but it is not immediate and at least a couple of the women are far along in their pregnancies and need prenatal care. <p>County Dental Services</p> <ul style="list-style-type: none"> ▪ The program continues to see encounter's numbers trend high. The number of patients is not trending the same as patients are coming back for multiple services <p>Health Care for the Homeless</p> <ul style="list-style-type: none"> ▪ Medical Respite – We are anticipating the doors opening to receive the first patient on January 3, 2022. Currently the program is receiving medical supplies, installing security, and setting up policies and procedures. Over the next several weeks, the program will work on education modules to help hospitals and other possible referring facilities understand the difference in medical respite beds and shelter medical beds. 	<p>Share Health Care for the Uninsured report with MCAB members</p>	<p>Tara Clemons</p>	<p>ASAP</p>
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	<ul style="list-style-type: none"> ▪ DHHS will open a new 200 bed - Men Emergency Shelter in January 2022 to include increased number of medical beds, enhanced primary care and behavioral health care and other housing resources. ▪ Behavioral Health Psychiatric Services – We have expanded our behavioral health services within the SEPH Continuum of Care. We have set up a weekly schedule for Dr. Burroughs at the various shelter locations up and down County. ▪ In addition, the manager is working on introducing Dr. Burroughs to the Behavioral Health Hospitals/Units in Montgomery County, Crisis Bed Programs, County Crisis Center/Access and other community resources. <p><u>Discussion</u></p> <ul style="list-style-type: none"> • Julia questioned how staff was handling the large influx of new patients in CFK. Tara explained that the County Council approved 2 new staff which the Board advocated for. The hiring process should begin soon. Tara added that 2 Community Health Workers were funded through the Newcomers Project as well • Yuchi asked if there was data available on the number of people coming from Central America border as well as Afghanistan. Tara explained that there are about 220 Afghan refugees and noted that the majority are eligible for Medicaid. Tara also explained that in terms of the Newcomers project, the County relies on the Office of Refugees and Resettlement data which is available on their website. • Yuchi wanted to know if the charts presented on the report could show a rolling 15 months of information. Tara explained that the quarterly report shows some of that information. Yuchi explained that he wanted to see the trends from the previous years, he would like to include 5 quarters worth of data instead of 3 months. Wayne stated that it could be worked out and we would further discuss with Tara 			
4.	<p>Dental Services Collaboration See Report</p> <ul style="list-style-type: none"> • MCAB previously made a recommendation in the amount of \$40,000 for a study and design of a coordinated dental safety net system that would support collaboration among private and public providers. At that time, Council did not recommend funding, however, DHHS is asking the MCAB’s dental committee to submit a draft scope of services for the study. • From DHHS standpoint, a coordinated dental safety net system would follow the value-based care model. He also noted that the department is heading in the direction of performance-based contracts. Furthermore, DHHS will move forward with an oral health value-based care proposed collaborative dental network that would promote integrated care among both community providers and the County health programs, • Dr. Rogers provided an overview of the proposed collaborative dental network pilot and highlighted some key differences between the traditional dental model vs. value-based care • Dr. Boyce pointed out that County Dental wants to focus on moving to this system of care. Many government agencies have transitioned to similar systems. There is a cost-saving benefit, but it also focuses on prevention of disease and patients having a medical and dental home. Adults and seniors experience chronic diseases which are sometimes linked to patient’s oral health 	Dental Committee/Dr. Boyce		

	<p>Discussion</p> <ul style="list-style-type: none"> • Dr. Smith acknowledged the Dental committee had been asked to provide a scope of care, however, there wasn't a clear understanding on what they were being asked to provide. He suggested that all parties needed to meet to work on it. He also asked for the dental data be shared review trends. At this point, the dental committee does not have a scope of care to offer. • Lynda questioned the request for a scope of care. She explained that the board's function is to advise and being asked to provide a scope of care is beyond the tasks of the board • Dr. Rogers also noted that Dr. Boyce had developed some updated data similar to the presentation she did in January. He will send this information to Tara for it to be sent to the group as a follow up to this meeting • A meeting will be set up with the dental committee within the next two weeks 	Share County Dental Trends report with MCAB Members	Tara Clemons	ASAP
5.	<p>Value Based Care: QHP Eligible Patients See presentation</p> <p style="text-align: right;">Dr. Christopher Rogers</p> <ul style="list-style-type: none"> • Dr. Rogers reminded board members that as previously mentioned during the value-based care framework presentation, DHHS wants to have eligibility fixed with a clear process in place as well as correct all outstanding issues prior to moving forward with implementation of value-based care; specifically phase 1 which is empanelment. He also noted that the department had met with the County Executive to discuss how to move forward with Montgomery Cares eligibility as well as the QHP eligible individuals that are part of Montgomery Cares. The County Executive was clear that the department must consider any feedback from the stakeholders, Montgomery Cares Advisory Board, and the Montgomery Cares providers • Dr. Rogers provide an overview of the current Montgomery Cares Eligibility Process and noted that the current process is disparate, and it affects three main points: <ul style="list-style-type: none"> ○ Challenges with establishing client centricity ○ Inadequate, inaccessible, and/or limited medical and social care ○ 20%, or 5,200 clients, eligible for Qualified Health Plan (QHP) are currently receiving Montgomery Cares • Dr. Rogers explained that to address these issues, the department is moving forward with 2 key policies: <ul style="list-style-type: none"> ○ Standardized eligibility for County Health Programs through a single point of eligibility determination through the creation of a DHHS Health Programs Eligibility Unit operated by OESS. This unit will serve as a single integrated access point for Federal, State, County health and social programs. DHHS feels that having this unit will provide the families access to the right health and social care services to meet family's needs. Dr. Rogers provided an overview of the implementation timeline milestones for DHHS Health Programs Eligibility Unit ○ Creation of the Montgomery Cares Buy-In Program which is a health care resource for low-income underinsured adults in the County. The program will help ensure access to health care for adults who are unable to afford Maryland Health Connection, health insurance marketplace coverage. This will be a low-cost buy-in option based on income level • Dr. Rogers provide a summary of the eligibility requirements of the buy-in program, the fees associated and the implementation timeline. He noted that the requirements are similar to those of Montgomery Cares. He also 			

	<p>explained that if a client attests that the cost of the QHP is too costly, they will be offered the buy-in program without any additional documentation</p> <ul style="list-style-type: none"> • Dr. Rogers explained that he would like to have one document with all the comments and recommendations on key processes, workflows, communications, and innovations that DHHS needs to consider for the health programs eligibility unit as well as comments on the participant fees <p><u>Discussion</u></p> <ul style="list-style-type: none"> • Julia wanted to know what would happen to the individuals who may not qualify for Medicaid but are legally eligible for QHP. In response, Dr. Rogers explained that if the individual is eligible for a QHP but attests that it is too costly, they will then be offered the buy-in option • Julia inquired about the possibility of conducting a small pilot before attempting to implement the policy. Dr. Rogers noted that the county is open to it and emphasized that this is the type of feedback and comments they would like to get from the stakeholders. He recommended to submit that suggestion in writing • Lynda questioned why anyone would choose the buy-in program over the QHP as it appears to be very expensive. Dr. Rogers explained that they would like for people to look at the numbers and make a personal decision based on their budget and education around the comprehensive benefits the QHP offers vs. Montgomery Cares • Dr. Rogers reiterated that comments are due by November 21st and noted the presentation following the meeting • Diana suggested the creation of a workgroup and asked for volunteers. Julia asked the members of the previous eligibility committee if they wanted to participate again. Yuchi, Diana, Peter, Sarah and Kathy volunteered along with Julia to participate • Lynda suggested to revisit the Affordability workgroup information and recommendations. Hillery will forward the old eligibility workgroup documents 	<p>Share MCAres eligibility and QHP transition report with MCAB members</p> <p>Share Affordability workgroup documents with MCAB members</p>	<p>Tara Clemons</p> <p>Hillery Tsumba</p>	<p>ASAP</p> <p>ASAP</p>
<p>6.</p>	<p>FY23 Advocacy Priorities Committee: Program Enhancements/Improvements Value Based Care Transition</p> <ul style="list-style-type: none"> • Tara explained that the board needed to come up with program priorities for FY23, particularly around value-based care and the type of funding requests the board would like to put forward. • Lynda proposed that the board focuses on board development • Linda noted that usually the priorities that come in these discussions are more focused on the policies associated with the program. • Linda explained that if the board wanted to express their frustration with not having a full complement of commissioners, they could do so separately. She suggested that at the end of the two priorities, it could be mentioned that the board finds it difficult to do its job because the board doesn't have a full complement of commissioners and there are ongoing concerns with the recruitment and confirmation process, she also suggested that this could be followed by a letter • Tara provided a brief update on the membership status 	<p>Diana Saladini</p>		

	<ul style="list-style-type: none"> • Hillery informed the Board that the Troika feels that the priorities this year should be around critical system areas that need to be addressed for strong recovery and noted that the areas they are focusing on are around Dental Services, Provider Reimbursement, and Care for Kids • Julia offered to put together a summary of the priorities discussion which will be sent to Tara • Diana asked that any members who had separate suggestions on the priorities should send them via email to Tara • Sarah mentioned that she had been asked by the Commission on Health to share the fact that they have written a letter advocating for increased capacity in data collection and evaluation. She noted that she was asked to share this not to sign on the letter but to see if the board would be interested in a similar advocacy effort. Sarah will share the letter via Tara before the next meeting 	Share increased capacity in data collection letter	Sarah Galbraith-Emami	Before Nov. Mtg.
7.	<p>November 2021 Planning Meeting and Next Steps</p> <p>The November meeting will include:</p> <ul style="list-style-type: none"> • Board development • Policy priorities <p>The next meeting will be held TBA</p>			
8.	<p>Meeting Adjourned at 6:33 pm</p> <p><i>Motion to adjourn: Julia Doherty</i> <i>Seconded: Lynda Honberg</i> <i>Unanimously approved</i></p>			

Respectfully submitted,

Tara O. Clemons
Montgomery Cares Advisory Board